

**CERTIFICATION OF ADMINISTRATIVE RULES
FILED WITH THE LEGISLATIVE REFERENCE SERVICE
JERRY L. BASSETT, DIRECTOR**

(Pursuant to Code of Alabama 1975, §41-22-6, as amended).

I certify that the attached is/are correct copy/copies of rule/s as promulgated and adopted on the 8th day of July, 20 14, and filed with the agency secretary on the 8th day of July, 20 14.

AGENCY NAME: Alabama Crime Victims' Compensation Commission

Amendment New Repeal (Mark appropriate space)

Rule No. 262-X-1-.01
(If amended rule, give specific paragraph, subparagraphs, etc., being amended)

Rule Title: General Information and Definitions.

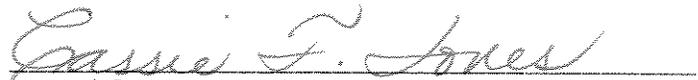
ACTION TAKEN: State whether the rule was adopted with or without changes from the proposal due to written or oral comments:

The rule was adopted without changes from the proposal.

NOTICE OF INTENDED ACTION PUBLISHED IN VOLUME XXXII,
ISSUE NO. 8, AAM, DATED May 30, 20 14.

Statutory Rulemaking Authority: Ala. Code § 15-23-5(14) (1995)

(Date Filed)
(For LRS Use Only)



Certifying Officer or his or her
Deputy **Cassie T. Jones, Ed.D.**
Executive Director

(NOTE: In accordance with §41-22-6(b), as amended, a proposed rule is required to be certified within 90 days after completion of the notice.

262-X-1-.01 General Information and Definitions.

(1) Purpose: It is the intent of the Legislature and the purpose of the Alabama Crime Victims' Compensation Commission (ACVCC) to provide financial and other assistance for victims of violent crime for the allowable expenses that are incurred as a direct result of victimization. Applicants must not have contributed to their victimization or have been convicted of felonies or acts of violence against others after making application for compensation. Other eligibility requirements that must be met are listed in the following sections.

(2) Program Description: ACVCC provides financial assistance for allowable expenses to victims of violent crime who have suffered personal injury, psychological injury or death. Compensation may be reduced or denied based on contribution to one's own victimization as defined in the following sections. The program provides compensation for a number of services, which are listed in the following sections. ACVCC does not award compensation for expenses, which are paid by a collateral source. The program also has a statutory entitlement to subrogation in instances in which a claimant has received recovery from a collateral source after having been paid by ACVCC.

(a) The maximum amount of compensation that may be awarded in any one claim is \$15,000. Other limitations for specific categories are addressed in the following chapters. For incidents of criminally injurious conduct occurring on or after October 1, 2014, the maximum amount of compensation that may be awarded in any one claim is (\$20,000).

(3) Definitions: As used in these rules the following words shall include but are not limited to the following meanings unless the context clearly requires a different meaning:

(a) Commission. The Alabama Crime Victims' Compensation Commission as described in Chapter 262-X-2 of these rules.

(b) Criminally Injurious Conduct.

(c) An act occurring or attempted within the geographical boundaries of this state which results in serious personal injury or death to a victim for which punishment by fine, imprisonment or death may be imposed; or

(d) An act occurring or attempted outside the geographical boundaries of this state in another state of the United States of America which is punishable by fine, imprisonment or death and which results in personal injury or death to a citizen of this state; and shall include an act of terrorism, as defined in Section 2331 of Title 18, United States Code, committed outside of the United States, against a resident of this state; provided, however, such a citizen at the time such act was committed had a permanent place of residence in the geographical boundaries of this state, and in addition thereto:

(e) Had a permanent place of employment located within the geographical boundaries of this state; or

(f) Was a member of the regular armed forces of the United States of America; or the United States Coast Guard; or was a full-time member of the Alabama National Guard, Alabama Air National Guard, U.S. Army Reserve, U.S. Naval Reserve, U.S. Air Force Reserve; or

(g) Was retired and receiving Social Security or other retirement income; or

(h) Was 60 years of age or older; or

(i) Was temporarily in another state of the United States of America for the purpose of receiving medical treatment; or

(j) Was temporarily in another state of the United States of America for the purpose of performing employment related duties required by an employer located within the geographical boundaries of this state as an expressed condition of employment or employee benefits; or

(k) Was temporarily in another state of the United States of America for the purpose of receiving occupational, vocational or other job-related training or instruction required by an employer located within the geographical boundaries of this state as an expressed condition of full-time employment or employee benefits; or

(l) Was a full-time student at an academic institution, college or university located in another state of the United States of America; or

(m) Had not departed the geographical boundaries of this state for a period exceeding 30 days or with the intention of becoming a citizen of another state or establishing a permanent place of residence in another state.

(n) The term 'criminally injurious conduct' shall not mean: An act committed outside the geographical boundaries of this state upon a person who was not at the time such act was committed a citizen of the State of Alabama or an act committed outside the geographical boundaries of this state upon a person who at the time such act was committed had departed the geographical boundaries of this state for the purpose of becoming a citizen of another state or for the purpose of establishing a permanent place of residence in another state.

(o) Victim. A person who suffered serious personal injury, psychological injury as a result of a direct face to face threat of physical injury or actual physical injury or death as a result of criminally injurious conduct.

(p) Dependent. A natural person wholly or partially dependent upon the victim for care or support, and includes a child of the victim born after the death of the victim when the death occurred as the result of criminally injurious conduct.

(q) Claimant. Any of the following persons applying for compensation under this chapter:

1. A victim;

2. A dependent of a deceased victim, if such victim died as result of criminally injurious conduct; or

3. A person authorized to act on behalf of a victim, or a dependent of a deceased victim if such victim died as a result of criminally injurious conduct.

(r) Allowance Expense. Charges incurred for needed products, services and accommodations, including but not limited to, medical care, rehabilitation, rehabilitative occupational training, and other remedial treatment and care. It also includes a total amount not to exceed \$5,000.00 for expenses related to a funeral, cremation or burial. For incidents of criminally injurious conduct occurring on or after October 1, 2014, no more than seven thousand dollars (\$7,000.00) may be paid for expenses related to funeral, cremation, or burial.

(s) Work Loss. Loss of income from work the victim would have performed if such person had not been injured or died, reduced by any income from substitute work actually performed by the victim or by income the victim would have earned in available appropriate substitute work which he or she was capable of performing but unreasonably failed to undertake;

(t) Replacement Services Loss. Expenses reasonably incurred in obtaining ordinary and necessary services in lieu of those the victim would have performed, not for income, but for the benefit of self or family, if the victim had not been injured or died.

(u) Economic Loss of a Dependent. A loss after the death of the victim of contributions of things of economic value to the dependent, not including services which would have been received from the victim if he or she had not suffered the fatal injury, less expenses of the dependent avoided by reason of death of the victim.

(v) Replacement Services Loss of Dependent. The loss reasonably incurred by dependents after death of the victim in obtaining ordinary and necessary services in lieu of those that the deceased victim would have performed for their benefit had the deceased victim not suffered the fatal injury, less expenses of the dependent avoided by reason of death of the victim and not subtracted in calculating the economic loss of the dependent.

(w) Economic Loss. Monetary detriment consisting only of allowable expense, work loss, replacement services loss and, if injury causes death, economic loss and replacement services loss of the dependent, but shall not include noneconomic loss, or noneconomic detriment.

(x) Noneconomic Loss or Detriment. Pain, suffering, inconvenience, physical impairment and nonpecuniary damage.

(y) Collateral Source. The source of income, financial or other benefits or advantages for economic loss other than the compensation paid by the Compensation Commission which the claimant has received or is entitled to receive or is readily available to the claimant from any or more of the following:

1. The offender;
2. The government of the United States or any agency thereof, in the form of benefits, such as social security, medicare and medicaid, a state or any of its subdivisions or an instrumentality of two or more states, unless the law providing for the benefits or advantages makes them excessive or secondary to the benefits under this chapter;
3. Any temporary nonoccupational disability insurance;

4. Workman's compensation;
5. Wage continuation programs of any employer;
6. Proceeds of a contract of insurance payable to the claimant for loss which the victim sustained because of the criminally injurious conduct; or
7. A contract providing prepaid hospital and other health care services or benefits for disability.

(z) Immediate Family. Immediate family for purposes of determining compensation eligibility shall mean spouse, child, parent/legal guardian, siblings, aunts/uncles, grandparents, and grandchildren. Except when unusually strong personal ties exist, due to the victim or family member having been reared by a person of some relationship other than which is provided for in this definition for a period of twenty-four consecutive months or longer, this relationship may be considered as immediate family at the discretion of the Commission.

Author: Dr. Cassie T. Jones

Statutory Authority: ALA. CODE § 15-23-5(14) (1995)

History: Filed July 8, 2014

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I certify that the attached is/are correct copy/copies of rule/s as promulgated and adopted on the 8th day of July, 20 14, and filed with the agency secretary on the 8th day of July, 20 14.

AGENCY NAME: Alabama Crime Victims' Compensation Commission

X Amendment _____ New _____ Repeal (Mark appropriate space)

Rule No. 262-X-2-.03
(If amended rule, give specific paragraph, subparagraphs, etc., being amended)

Rule Title: Meetings.

ACTION TAKEN: State whether the rule was adopted with or without changes from the proposal due to written or oral comments:

The rule was adopted without changes from the proposal.

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Statutory Rulemaking Authority: Ala. Code § 15-23-5(14) (1995)

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Executive Director

(NOTE: In accordance with §41-22-6(b), as amended, a proposed rule is required to be certified within 90 days after completion of the notice.

262-X-2-.03 Meetings.

The Commission shall have its principle place of business in the county wherein the state capital is located. The Commission shall hold at its principle place of business regular monthly public meetings on the second Thursday of each month and other meetings at such times and places as its members may elect. Any two (2) members of the Commission shall constitute a quorum for the purposes of transacting the business of the Commission and two (2) votes in favor shall be necessary for a decision by the Commission at any meeting of the Commission. The Commission shall meet on the second Thursday of each month at 9:00 a.m. at the Commission office. Meetings shall be conducted using Roberts Rules of Order. All meetings of the Commission shall be publicized in accordance with the Alabama Open Meetings Act. Any change to the regular Commission meeting shall be publicized in accordance with the Alabama Open Meetings Act.

Author: Dr. Cassie T. Jones

Statutory Authority: ALA. CODE § 15-23-5(14) (1995)

History: Filed July 8, 2014

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AGENCY NAME: Alabama Crime Victims' Compensation Commission

Amendment New Repeal (Mark appropriate space)

Rule No. 262-X-2-.05
(If amended rule, give specific paragraph, subparagraphs, etc., being amended)

Rule Title: Records.

ACTION TAKEN: State whether the rule was adopted with or without changes from the proposal due to written or oral comments:

The rule was adopted without changes from the proposal.

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(NOTE: In accordance with §41-22-6(b), as amended, a proposed rule is required to be certified within 90 days after completion of the notice.

262-X-2-.05 Records.

The chairman of the Commission shall keep a true record of all the proceedings of the meetings of the Commission. At the call of any member the vote on any pending question shall be taken by 'ayes' and 'nays', and the same shall be entered in such record. The written minutes of the proceedings shall be maintained by the agency. The Commission shall meet in Executive Session in compliance with the Alabama Open Meetings Act. The record of the proceedings of the Commission shall be open to any member of the Commission and to the public at all times and a copy of such record, certified by the chairman shall be competent evidence in all courts. Provided, however, the Commission shall decline to disclose the names and addresses of victims or claimants who have applied for compensation pursuant to the provisions of this chapter or the facts or circumstances of the criminally injurious conduct perpetrated against them.

Author: Dr. Cassie T. Jones

Statutory Authority: ALA. CODE § 15-23-5(14) (1995)

History: Filed July 8, 2014

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AGENCY NAME: Alabama Crime Victims' Compensation Commission

Amendment New Repeal (Mark appropriate space)

Rule No. 262-X-3-.06
(If amended rule, give specific paragraph, subparagraphs, etc., being amended)

Rule Title: Procedure in Contested Cases.

ACTION TAKEN: State whether the rule was adopted with or without changes from the proposal due to written or oral comments:

The rule was adopted without changes from the proposal.

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Statutory Rulemaking Authority: Ala. Code § 15-23-5(14) (1995)

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262-X-3-.06 Procedure In Contested Cases.

Authority:

Code of Alabama § 15-23-10(a)(b)(c), (1995), which provides:

(a) Every party to a claim shall be afforded an opportunity to appear and be heard and to offer evidence and argument on any issue relevant to the claim, and to examine witnesses and offer evidence in reply to any matter of an evidentiary nature in the record relevant to the claim.

(b) In a contested case, all parties shall be afforded an opportunity for a hearing after reasonable notice pursuant to regulations promulgated by the commission. A record of the proceedings of the hearing in a contested case shall be made and shall be transcribed upon request of any party who shall pay transcription costs unless otherwise ordered by the commission.

(c) The commission may, without a hearing, settle a claim by stipulation, agreed settlement, consent order or default.

- (1) In the event that a crime victims' compensation claim is approved in a modified form, not approved, or approved - but reduced, the Commission shall notify the claimant by certified mail, return receipt requested, within ten (10) calendar days of the Commission's action setting forth the basis of the Commission's decision.
- (2) The claimant shall have the right to appeal the Commission's final decision. The claimant may appeal the final decision by notifying the Commission's Executive Director in writing of the intent to appeal within thirty (30) calendar days of receiving the letter setting forth the Commission's decision. The appeal request must be received by the Commission within thirty (30) calendar days. Regular mail is accepted. However, certified mail is strongly recommended. The claimant must sign the request for a contested case hearing (administrative appeal hearing) in order for it to be processed.
- (3) All contested case hearings shall be held in accordance with the Alabama Administrative Procedures Act.
- (4) All claimants shall receive a minimum of thirty (30) days notice of the contested case hearing.
- (5) Pursuant to §41-22-12(a) *Code of Alabama* (1975), the Commission shall deliver to the claimant the notice of the contested case hearing by first class mail, postage prepaid, to be effective upon the deposit of the notice in the mail. The notice of the administrative appeal hearing shall also be delivered to the claimant by certified mail, return receipt requested.
- (6) In a contested case hearing, all parties shall be afforded an opportunity to appear and be heard.
- (7) The claimant may request that subpoenas be issued for the contested case hearing.
- (8) The Commission shall render its decision relative to the contested case hearing within ten (10) calendar days of the formal hearing and the claimant will be notified by certified mail, return receipt requested.
- (9) An impartial governmental hearing officer from a list certified by the State of Alabama Personnel Department shall be provided by the Commission to preside over all contested case hearings and perform such parliamentary functions as he/she deems necessary. The Commission shall render the final decision in the claim. A certified court reporter shall be used to transcribe each appeal hearing. A record of the proceedings shall be made and shall be transcribed upon

request of any party, who shall pay transcription costs unless otherwise ordered by the Commission.

(10)The claimant's contested case hearing will be dismissed if he/she fails to appear without good cause.

Author: Dr. Cassie T. Jones

Statutory Authority: ALA. CODE § 15-23-5(14) (1995)

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AGENCY NAME: Alabama Crime Victims' Compensation Commission

Amendment New Repeal (Mark appropriate space)

Rule No. 262-X-4-.01
(If amended rule, give specific paragraph, subparagraphs, etc., being amended)

Rule Title: Filing of Claims.

ACTION TAKEN: State whether the rule was adopted with or without changes from the proposal due to written or oral comments:

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262-X-4-.01 **Filing Of Claims.**

(1) A claim must be filed with the Commission within one (1) year after the death or injury upon which the claim is based or the Commission finds that there was good cause for the failure to file within that time. The date on which each claim is received by the Commission shall be documented. A completed and signed ACVCC application must be submitted in order for a compensation request to be processed. In the event that information is needed by the Commission that is not contained in the claim, said information shall be furnished to the Commission within 45 days of request of same. Failure to provide information within the time prescribed by these rules may, at the Commission's discretion, result in the dismissal of that claim.

(2) Separate claims may be filed for individual family members who are victims.

Author: Dr. Cassie T. Jones

Statutory Authority: ALA. CODE § 15-23-5(14) (1995)

History: Filed July 8, 2014

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AGENCY NAME: Alabama Crime Victims' Compensation Commission

Amendment New Repeal (Mark appropriate space)

Rule No. 262-X-4-.02
(If amended rule, give specific paragraph, subparagraphs, etc., being amended)

Rule Title: Eligibility Criteria.

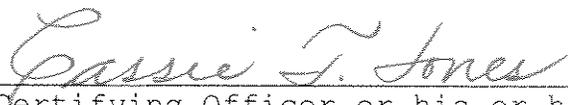
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(NOTE: In accordance with §41-22-6(b), as amended, a proposed rule is required to be certified within 90 days after completion of the notice.

262-X-4-.02 Eligibility Criteria Generally.

1. The incident must have occurred on or after June 1, 1984.
2. The incident must have been reported within 72 hours after its occurrence or the Commission must find there was good cause for the failure to report within that time. Good cause includes, but is not limited to the minority, infirmity or incapacity of the claimant.
3. The application must be filed within one (1) year of the incident unless the Commission finds there was good cause for the failure to report within that time.
4. The victim must have suffered bodily injury, psychological injury as the result of a direct, face to face threat of physical injury, or actual physical injury or death as a result of the criminal actions of another.
5. The claimant or victim must cooperate fully with law enforcement and the Commission staff. If law enforcement officials or Commission staff is not satisfied with the victim's or claimant's cooperation, the Commission may deny, reduce or declare the claim ineligible.
6. Requested expenses shall not be eligible for compensation in the event that they have been paid by a collateral source.
7. The victim or claimant must not be the offender or an accomplice of the offender.
8. No portion of the compensation shall benefit the offender or accomplice.
9. If the applicant, after making application for compensation to the Commission, then perpetrates any criminally injurious conduct or is convicted of a felony, the applicant shall be ineligible for compensation.
10. The claimant must submit an original signed and notarized claim application.
11. The victim's presence in the United States of America must be lawful.
12. An alien who is defined as an eligible alien pursuant to 8 U.S.C. §1621(a) or 8 U.S.C. § 1641, or certified as a victim of human trafficking pursuant to 22 U.S.C. §7105 may be eligible for compensation benefits.
13. Proof of U.S. citizenship, legal presence in the U.S., or proof of being an alien eligible for public benefits must be provided for every claimant/victim.
 - a. An original or certified copy of the following documents is evidence of U.S. citizenship:
 - i. A birth certificate issued in or by a city, county, state, or other governmental entity within the United States or its outlying possessions.
 - ii. A U.S. Certificate of Birth Abroad (FS-545, DS-135) or a Report of Birth Abroad of a U.S. Citizen (FS-240).
 - iii. A birth certificate or passport issued from:
 1. Puerto Rico, on or after January 13, 1941;
 2. Guam, on or after April 10, 1898;
 3. U.S. Virgin Islands, on or after February 25, 1927;
 4. Northern Mariana Islands, after November 4, 1986;
 5. American Samoa;
 6. Swains Island; or
 7. District of Columbia.
 - iv. An unexpired U.S. passport.
 - v. Certificate of Naturalization (N-550, N-57, N-578).
 - vi. Certificate of Citizenship (N-560, N-561, N-645).
 - vii. U.S. Citizen Identification Card (I-179, I-197).
 - viii. Free Alabama Photo Voter Identification Card.
 - b. A person is presumed to not be an alien who is unlawfully present in the U.S. if the

person provides the original of one of the following documents to the Commission for inspection:

- i. A valid, unexpired Alabama driver's license.
 - ii. A valid, unexpired Alabama nondriver identification card.
 - iii. A valid tribal enrollment card or other form of tribal identification bearing a photograph or other biometric identifier.
 - iv. Any valid United States federal or state government issued identification document bearing a photograph or other biometric identifier, if issued by an entity that requires proof of lawful presence in the United States before issuance.
 - v. A foreign passport issued by a visa waiver country with the corresponding entry stamp and unexpired duration of stay annotation or an I-94W form by the United States Department of Homeland Security indicating the bearer's admission to the United States.
- c. Submission of a copy of one of the following documents and subsequent positive verification in the Systematic Alien Verification for Entitlements (SAVE) system is proof of legal presence:
- i. I-327 (Reentry Permit)
 - ii. I-551 (Permanent Resident Card)
 - iii. I-571 (Refugee Travel Document)
 - iv. I-766 (Employment Authorization Card)
 - v. Certificate of Citizenship
 - vi. Naturalization Certificate
 - vii. Machine Readable Immigrant Visa (with Temporary I-551 Language)
 - viii. Temporary I-551 Stamp (on Passport or I-94)
 - ix. I-94 (Arrival/Departure Record)
 - x. I-94 (Arrival/Departure Record) in Unexpired Foreign Passport
 - xi. Unexpired Foreign Passport
 - xii. I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status)
 - xiii. DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)
 - xiv. Documents not included in this list will be examined on a case-by-case basis.
- d. Failure to provide this documentation within the requested time shall result in the non-approval of the compensation claim.
- e. This rule shall be effective upon the filing date and apply to claims pending and/or claims received on or after the filing date.

Author: Dr. Cassie T. Jones

Statutory Authority: ALA. CODE § 15-23-5(14) (1995)

History: Filed July 8, 2014

ALABAMA CRIME VICTIMS COMPENSATION COMMISSION

P.O. BOX 231267

MONTGOMERY, ALABAMA 36123-1267

(334) 290-4420

1-800-541-9388 (VICTIMS ONLY)

FAX (334) 290-4455

www.acvcc.alabama.gov

If you have limited English proficiency, you have the right to language assistance and this language assistance will be provided to you free of charge.

Si usted ha limitado la pericia inglesa, usted tiene el derecho a la ayuda del idioma y esta ayuda del idioma será proporcionado a usted libre de la carga.

APPLICATION INSTRUCTIONS

Please carefully read these instructions before completing the application.

1. When completing this form, please type or print legibly, in ink.
2. If you need help with this form, please contact the Victim Service Officer (VSO) at your local District Attorney's office or the ACVCC at the number(s) listed above.
3. Only send copies of bills and expenses related to the victimization. Include copies of bills, receipts, and insurance or benefit statements related to the victimization with the application. You may send copies of additional medical bills as treatment continues. Until necessary documentation is received, that portion of your claim cannot be processed.
4. Your claim cannot be processed without a police report. The ACVCC will request a copy of the incident report from law enforcement. If you have a copy of the incident report, sending it in with your application may shorten the processing time for your claim.
5. Promptly mail the application and all documents to the ACVCC at the above address. There is a one-year deadline from the date of the crime for filing your claim.
6. If the ACVCC asks you for additional information, you should send it immediately. If the requested information is not received within forty-five (45) days, your claim may be not approved.
7. The contact information in SECTION 1 or SECTION 2 must be completed in order to process your claim. If the ACVCC is unable to contact you or there is no response to correspondence, your claim may be not approved.
8. The demographic information requested in SECTION 1 (shaded box) is OPTIONAL. This information is collected for statistical purposes. You do not have to provide this information.
9. SECTION 2 should only be completed if someone other than the victim is filing a claim. A claimant may apply in cases where the victim is deceased, incapacitated, or is a minor. The claimant must be the person legally authorized to act on the behalf of the victim. Documentation of this authority must be provided. In Alabama, unless you are married or an emancipated minor, you must be a minimum age of 19 to file your own claim.
10. The questions in SECTION 3 must be answered for the ACVCC to process your claim.
11. The applicable information in SECTION 4 should be completed to the best of your ability. The questions in SECTION 4 must be answered for the ACVCC to process your claim.
12. The applicable information in SECTION 5 should be completed for any medical expenses incurred as a result of your victimization.
13. The applicable information in SECTION 6 should be completed if you want consideration of lost wages or economic loss incurred as a result of your victimization. You must provide a doctor's excuse to be eligible for lost wages.
14. The applicable information in SECTION 7 and SECTION 9 should be completed to the best of your ability.
15. The information in SECTION 8 should only be completed if the victim is deceased.
16. Complete SECTION 10 if you need emergency financial assistance. Emergency awards are for cases of dire economic need that result from violent crime victimization. These awards are usually granted for loss of income, moving expenses, prescriptions, or crime scene clean-up. If you are requesting an emergency award for loss of income, please attach a statement from your employer stating the time lost from work and your net (take-home) weekly pay. If you are requesting an emergency award for moving expenses, you must attach estimates or receipts for the requested items. Emergency awards are not usually considered for medical bills unless a service provider has refused treatment pending payment. Please have the service provider write a letter noting this, and provide a copy of the estimate. If you do not include these items, it will take longer to process your emergency award. There is a maximum of **\$1,000.00**.
17. For SECTION 11, either provide the contact information for your attorney OR check the box stating that you have NOT filed any civil lawsuits in connection with this victimization.

The ACVCC must receive the **signed, dated, and notarized original** forms in order to process your claim. Unsigned or non-notarized forms may be returned to you for signature(s), delaying the processing of your claim.

Please note that the **Claim Authorization** form must be notarized.

A claim filed on behalf of a minor victim or by the next-of-kin of a homicide victim cannot be processed without a completed and notarized **Affidavit of the Parent or Legal Guardian of a Crime Victim** (if a minor victim) or **Affidavit for the Surviving Spouse or Next-of-Kin** (if a homicide victim).

ALABAMA CRIME VICTIMS COMPENSATION COMMISSION

If you have limited English proficiency, you have the right to language assistance and this language assistance will be provided to you free of charge.

P.O. BOX 231267
MONTGOMERY, ALABAMA 36123-1267
(334) 290-4420
1-800-541-9388 (VICTIMS ONLY)
FAX (334) 290-4455
www.acvcc.alabama.gov

Si usted ha limitado la pericia inglesa, usted tiene el derecho a la ayuda del idioma y esta ayuda del idioma será proporcionado a usted libre de la carga.

THE COMMISSION DOES NOT PROVIDE COMPENSATION FOR PROPERTY CRIMES, ACCIDENTS, IDENTITY THEFT, PAIN & SUFFERING OR ATTORNEY'S FEES.

The Commission can only provide compensation for actual expenses.

No more than \$15,000.00 (\$20,000.00 for crimes occurring on and after 10/01/2014) may be awarded for any compensation claim.

COMPENSATION MAY BE AWARDED FOR:

- A) Medical expenses**—including doctor and hospital care, dental expenses, prescriptions, medical supplies, inpatient psychiatric care, etc. This does not include expenses covered by insurance. Victims may be eligible to receive 100% reimbursement for medical expenses he/she has paid for out-of-pocket.
- B) Rehabilitation expenses**—including vocational or physical therapy, if not covered by another source.
- C) Counseling expenses**—includes counselor, psychologist and/or psychiatrist fees for counseling services that are related to the victimization. Mental health providers must be properly licensed by the appropriate regulatory body in order for the Commission to consider their services for payment. Counseling is limited to 50 sessions per claim unless the Commission determines exigent circumstances exist. Single counseling sessions may be reimbursed at: **\$80.00** per hour for licensed counselors and social workers; **\$100.00** per hour for psychologists; **\$125.00** per hour for psychiatrists; and **\$60.00** per hour for group therapy.
- D) Work loss**—work the claimant/victim missed due to the crime. **Replacement services loss** - expense that the claimant/victim would not have incurred if the victim had not been injured or died. The maximum award for work loss and replacement services loss is **\$400.00** per week. For crimes occurring on or after October 1, 2014, the maximum award for work loss and replacement services loss is **\$600.00** per week. Work loss and replacement services loss are limited to 52 weeks.
- E) Funeral expenses**—including funeral home expenses, cremation, burial expenses including monument. There is a maximum of **\$5,000.00**. For crimes occurring on or after October 1, 2014, the maximum award is **\$7,000.00**.
- F) Property expenses**—Compensation may be awarded for eligible property that was damaged during victimization. Security enhancements installed after victimization may be eligible. The maximum award is **\$2,000.00**, which includes a **\$500.00** maximum for damaged clothing. Please contact the Commission for a list of specific items that may be eligible.
- G) Moving expenses**—including security deposits, utility deposits and the costs to move. It does not include rent payments. This is only considered in extreme circumstances in which the victim is in imminent physical danger and when the offense occurred at home. There is a maximum of **\$1,000.00**.
- H) Future economic loss**—future or additional expenses or loss to victim or victim's dependents. Must be justified with explanation of how losses were calculated. There is a maximum of **\$5,000.00**. For crimes occurring on or after October 1, 2014, the maximum award is **\$20,000.00**.
- I) Guardianship fees** - reimbursement for legal fees incurred by claimant to obtain guardianship of disabled or minor victim, if guardianship is awarded. There is a maximum of **\$1000.00**.

YOU MAY BE ELIGIBLE FOR COMPENSATION IF:

- A)** The crime was reported to law enforcement within seventy-two hours (unless good cause can be shown for not doing so). Good cause must be submitted in writing.
- B)** The claim is filed within one year of the date of the incident (unless good cause can be shown for not doing so). Good cause must be submitted in writing.
- C)** The victim suffered serious personal injury or death as a result of a criminal act.
- D)** The victim/claimant cooperated with law enforcement officials, the prosecutor's office, the courts, and the Commission.
- E)** The claimant/victim was not the offender, or an accomplice of the offender, or encouraged or participated in the crime in any way.
- F)** The compensation award would not unjustly benefit the offender.
- G)** The victim/claimant was not convicted of a felony and/or did not perpetrate criminally injurious conduct after applying for compensation.
- H)** The victim/claimant did not contribute to the victimization.
- I)** The victim's/claimant's presence in the United States of America was lawful. (Claimants/victims who are certified by federal authorities as victims of human trafficking shall be eligible for compensation benefits. Victims of domestic violence who were illegal at the time of the victimization may also qualify for compensation benefits.)
- J)** Your expenses were not paid by a collateral source (another source of payment).

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ACCEPTABLE DOCUMENTATION FOR PROOF OF LEGAL PRESENCE

If you are an U.S. citizen, please provide the Commission with an original or certified copy of one of the following documents:

- A birth certificate issued in or by a city, county, state, or other governmental entity within the United States or its outlying possessions
- A U.S. Certificate of Birth Abroad (FS-545, DS-135) or a Report of Birth Abroad of a U.S. Citizen (FS-240)
- A birth certificate or passport issued from:
 1. Puerto Rico, on or after January 13, 1941
 2. U.S. Virgin Islands, on or after February 25, 1927
 3. American Samoa
 4. District of Columbia
 5. Guam, on or after April 10, 1898
 6. Northern Mariana Islands, after November 4, 1986
 7. Swains Island
- An unexpired U.S. passport
- Certificate of Naturalization (N-550, N-57, N-578)
- Certificate of Citizenship (N-560, N-561, N-645)
- U.S. Citizen Identification Card (I-179, I-197)
- Free Alabama Photo Voter Identification Card

The Commission will return your original or certified copy of your proof of U.S. citizenship via the United States Postal Service (USPS). However, the Commission cannot guarantee the USPS's return of your document(s). If you obtain(ed) your birth certificate after the date of your victimization, the Commission will reimburse you for the cost of the birth certificate if your claim is approved. The Commission does not reimburse for passports.

If you are not a U.S. citizen, you must provide proof of legal presence. Submission of a copy of one of the following documents and subsequent positive verification in the Systematic Alien Verification for Entitlements (SAVE) system is proof of legal presence:

- I-327 (Reentry Permit)
- I-551 (Permanent Resident Card)
- I-571 (Refugee Travel Document)
- I-766 (Employment Authorization Card)
- Certificate of Citizenship
- Naturalization Certificate
- Machine Readable Immigrant Visa (with Temporary I-551 Language)
- Temporary I-551 Stamp (on Passport or I-94)
- I-94 (Arrival/Departure Record)
- I-94 (Arrival/Departure Record) in Unexpired Foreign Passport
- Unexpired Foreign Passport
- I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status)
- DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)
- Documents not included in this list will be examined on a case-by-case basis

Your legal presence will be verified by the Systematic Alien Verification for Entitlements (SAVE) system.

You will be presumed to not be an alien who is unlawfully present in the U.S. if you provide the original of one of the following documents to the Commission for inspection: (A **copy** of the document **is not acceptable**.)

- A valid, unexpired Alabama driver's license.
- A valid, unexpired Alabama non-driver identification card.
- A valid tribal enrollment card or other form of tribal identification bearing a photograph or other biometric identifier.
- Any valid United States federal or state government issued identification document bearing a photograph or other biometric identifier, if issued by an entity that requires proof of lawful presence in the United States before issuance.

Proof of citizenship or legal presence must be provided for the victim and the claimant if you are filing on someone else's behalf.

You must fill out each section completely to have your claim processed. You must include all necessary attachments.

DO NOT WRITE IN THIS SPACE
 CLAIM # _____
 DATE RECEIVED _____

ALABAMA CRIME VICTIMS COMPENSATION COMMISSION

P.O. BOX 231267 • MONTGOMERY, ALABAMA 36123-1267
 (334) 290-4420
 1-800-541-9388 (VICTIMS ONLY)
 FAX (334) 290-4455

HOW DID YOU FIRST LEARN ABOUT THE ALABAMA CRIME VICTIMS COMPENSATION COMMISSION?

- Police Department Sheriff's Office District Attorney Lawyer Media (TV, Radio, Newspaper, etc.) Other

SECTION 1. VICTIM INFORMATION

Social Security Number * Date of Birth First Name Middle Name/Maiden Name Last Name

Street Address City State ZIP Code

Home Phone Work Phone Wireless/Cell Phone Other Phone

Marital Status Single Widowed Married Separated Divorced Spouse's Name _____
 Dependant(s) Please list their name(s), age(s), and how related to victim _____

THE FOLLOWING INFORMATION IS COLLECTED FOR STATISTICAL PURPOSES ONLY. IT IS VOLUNTARY AND APPLIES ONLY TO THE VICTIM.

For the purposes of this application, a handicapped person is one who: 1) has a physical or mental impairment which limits the capacity to work; 2) has a record of such impairment; 3) is perceived as having such an impairment. WAS THE VICTIM HANDICAPPED PRIOR TO THE CRIME?	YES <input type="radio"/> NO <input type="radio"/>	GENDER <input type="radio"/> Male <input type="radio"/> Female	RACE/ETHNICITY <input type="radio"/> White <input type="radio"/> Black <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Hispanic <input type="radio"/> Asian/Pacific Islander <input type="radio"/> Other
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SECTION 2. CLAIMANT INFORMATION

Only complete if someone other than victim is filing claim.

Social Security Number * Date of Birth First Name Middle Name/Maiden Name Last Name

Street Address City State ZIP Code

Home Phone Work Phone Wireless/Cell Phone Other Phone Relationship to Victim

SECTION 3. ELIGIBILITY CRITERIA

Was the incident reported to law enforcement within 72 hours? <input type="radio"/> YES <input type="radio"/> NO If NO, please explain why not. _____	Did the victim have any criminal charges pending against him/her at the time of the crime? <input type="radio"/> YES <input type="radio"/> NO If YES, please explain. _____
Did you file this claim within one (1) year of the crime? <input type="radio"/> YES <input type="radio"/> NO If NO, please explain why not. _____	Was the victim under the influence of alcohol or illegal drugs at the time of the crime? <input type="radio"/> YES <input type="radio"/> NO If YES, please explain. _____

You **must** notify the ACVCC of any address change. **CLAIMS MAY BE CLOSED WHEN THERE IS NO RESPONSE TO CORRESPONDENCE.**

* Submission of your social security number is voluntary. Social security numbers are requested to verify eligibility pursuant to ALA. CODE §§ 15-23-1 - 15-23-23. F
 Failure to submit your social security number may result in slower processing of your claim.

SECTION 4. CRIME, INJURIES, AND RELATED INFORMATION

Type of crime Date of injury to victim Date of death of victim
 Assault Sexual Offense Murder Vehicular Domestic Violence Other

Location where crime occurred City County State

In your own words, please provide a brief description of the crime. Attach additional sheets if needed.

Offender(s) - Please list name, birth date, and Social Security Number if known	Witness(es) - Please list name, address, and phone number

Law enforcement agency to which crime was reported Agency phone number Date reported Time reported Name of investigating officer(s)

Was the victim living in the same house as the offender at the time of the crime? <input type="radio"/> YES <input type="radio"/> NO	Is the victim living in the same house as the offender now? <input type="radio"/> YES <input type="radio"/> NO
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Has a warrant been signed? <input type="radio"/> YES <input type="radio"/> NO If NO, please explain why not.	Did the victim know the offender? <input type="radio"/> YES <input type="radio"/> NO If YES, please explain.

Has an arrest been made? <input type="radio"/> YES <input type="radio"/> NO If NO, please explain why not. (if known)	Is the offender related to the victim? <input type="radio"/> YES <input type="radio"/> NO If YES, please explain.

SECTION 5. MEDICAL/PSYCHIATRIC EXPENSES

Copies of all itemized bills and insurance statements must be sent to the ACVCC.

Describe injuries the victim received

List all medical, psychiatric, dentist, ambulance, doctor, hospital, counselor, and other medical expenses related to injuries received

Billers Name	Billers Phone	Billers Address	Charge	Insurance Paid	Claimant Paid	Victim Paid	Balance Due

SECTION 6. EMPLOYMENT INFORMATION

See instruction sheet for eligibility criteria. This section must be completed if lost wages are requested. A DOCTOR'S EXCUSE MUST BE PROVIDED TO THE ACVCC. By completing this section you are giving the ACVCC permission to contact these employers to verify employment information and wages.

Employment information for <input type="radio"/> Claimant <input type="radio"/> Victim	Employment information for <input type="radio"/> Claimant <input type="radio"/> Victim
Job Title _____	Job Title _____
Employer Name _____	Employer Name _____
Employer Contact _____	Employer Contact _____
Street Address _____	Street Address _____
City _____ State _____ ZIP _____	City _____ State _____ ZIP _____
Phone _____ FAX _____	Phone _____ FAX _____
Date Left Work _____ Date Returned to Work _____	Date Left Work _____ Date Returned to Work _____

If self-employed, submit most recent income tax returns and other proof such as statements from those for whom work was performed showing amount(s) paid and date(s) worked for a period of at least 60 days prior to injury.

SECTION 7. INSURANCE AND OTHER COLLATERAL SOURCE INFORMATION

Name of Insurance Company _____ Phone _____ Name of Agent _____ Policy Number _____ Type of Insurance <input type="radio"/> Life <input type="radio"/> Burial <input type="radio"/> Medical <input type="radio"/> Auto <input type="radio"/> Other	Name of Insurance Company _____ Phone _____ Name of Agent _____ Policy Number _____ Type of Insurance <input type="radio"/> Life <input type="radio"/> Burial <input type="radio"/> Medical <input type="radio"/> Auto <input type="radio"/> Other
Name of Insurance Company _____ Phone _____ Name of Agent _____ Policy Number _____ Type of Insurance <input type="radio"/> Life <input type="radio"/> Burial <input type="radio"/> Medical <input type="radio"/> Auto <input type="radio"/> Other	Name of Insurance Company _____ Phone _____ Name of Agent _____ Policy Number _____ Type of Insurance <input type="radio"/> Life <input type="radio"/> Burial <input type="radio"/> Medical <input type="radio"/> Auto <input type="radio"/> Other

If you received income from any of the following sources, please indicate the amount received each month.

Social Security	Social Security Disability	Welfare	Aid to Dependant Children	Workman's Compensation	Other
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SECTION 8. FUNERAL/BURIAL EXPENSES

Attach copies of ALL funeral/burial bills.

If funeral/burial expenses were paid by any of the following sources, please indicate the amount each paid.

Claimant	Social Security	Burial Insurance	Life Insurance	Veterans Insurance	Other
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Name of funeral home, cemetery, or monument company _____ Street Address _____ City _____ State _____ ZIP Code _____ Phone _____	Name of funeral home, cemetery, or monument company _____ Street Address _____ City _____ State _____ ZIP Code _____ Phone _____
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SECTION 9. OTHER EXPENSES

See instruction sheet for details on what may be requested. All expenses are subject to approval by the ACVCC.

FUTURE ECONOMIC LOSS - If the victim or victim's dependents will have additional future losses as a result of the crime, please list what you think those losses might include and an estimate of the cost of those losses. <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Expense</td> <td style="width:25%;">Amount</td> <td style="width:25%;">Expense</td> <td style="width:25%;">Amount</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	Expense	Amount	Expense	Amount					REPLACEMENT SERVICES - If the victim or victim's dependents have had financial losses which they would not have had if the crime had not occurred, please list the service and the cost of replacement. <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Expense</td> <td style="width:25%;">Amount</td> <td style="width:25%;">Expense</td> <td style="width:25%;">Amount</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	Expense	Amount	Expense	Amount				
Expense	Amount	Expense	Amount														
Expense	Amount	Expense	Amount														
MOVING EXPENSES - In order to qualify for an award pursuant to this category, staying in your home must place you in direct danger or cause you to reasonably believe that you are in direct danger. <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Expense</td> <td style="width:25%;">Amount</td> <td style="width:25%;">Expense</td> <td style="width:25%;">Amount</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	Expense	Amount	Expense	Amount					PROPERTY LOSS - If the victim had property damaged during the victimization, please list the property and an estimate of its value. <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Expense</td> <td style="width:25%;">Amount</td> <td style="width:25%;">Expense</td> <td style="width:25%;">Amount</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	Expense	Amount	Expense	Amount				
Expense	Amount	Expense	Amount														
Expense	Amount	Expense	Amount														

SECTION 10. EMERGENCY AWARD

If you want to request emergency funds, please indicate the amount needed and explain why an emergency award is needed (\$1,000 maximum).

SECTION 11. LAWSUIT RECOVERY

Has a civil lawsuit been filed in connection with this case? <input type="radio"/> YES <input type="radio"/> NO Is a civil lawsuit being considered in connection with this case? <input type="radio"/> YES <input type="radio"/> NO If you answered YES to either question above, you MUST provide contact information for the attorney handling the civil suit.	Attorney Name _____ Street Address _____ City _____ State _____ ZIP Code _____ Phone _____
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Alabama law requires that you give the Alabama Crime Victims' Compensation Commission written notice within 15 days of initiating any legal proceeding to recover restitution or damages, or prior to any attempt by claimant to reach a negotiated settlement.

CLAIM AUTHORIZATION

Information Release: I hereby authorize any financial institution, any social service agency, any funeral provider, any insurance company, any medical or mental health service provider or any state or federal governmental agency to release information concerning my financial status to the ACVCC. I hereby authorize my employer or former employer to release my employment information to the ACVCC.

Criminal Background Check: I understand that as a victim/claimant, I will be subject to a criminal background check in order to verify my eligibility for compensation benefits.

Subrogation Agreement: I hereby agree to give the ACVCC written notice within 15 days of initiating any legal proceeding to recover restitution or damages that is related to my victimization. I agree to repay the ACVCC the amount of compensation that I have received in the event that my economic loss is recouped from any collateral source. I understand that failure to comply with this agreement may result in legal action being taken against me.

Service Provider Information Release: I hereby give permission to the ACVCC to release information or records about my application for assistance to service providers and their authorized representatives who represent information about the status of my pending claim. I understand that this release is for the limited purpose of helping service providers determine the status of the claim in order to receive payment for services rendered.

Sign here if you DO NOT authorize the release of status information to service provider(s).

Victim or Claimant Signature

Date

Authorized Parties: I hereby agree that the parties listed below are authorized to discuss this claim.

Name	Phone	Relationship	Name	Phone	Relationship
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Are you a U.S. citizen? YES NO

Are you a legally present alien? YES NO

Are you a victim of human trafficking or domestic violence? YES NO

Therefore, I HEREBY AND FOREVER HOLD HARMLESS, the ACVCC and its authorized representatives and agents from any and all legal responsibility/liability which may arise from the release of any of the above information.

By signing this document I affirm that the information provided in this application is true and correct to the best of my knowledge. I understand that if there is any credible evidence that I submitted a false claim for grant funds I will be promptly referred to the United States Department of Justice, Office of Inspector General for investigation.

X

Victim or Claimant Signature

The victim must sign this authorization unless he/she is deceased, incapacitated, or is a minor.
The person signing this authorization must be **19 or older**.
The claimant (if other than victim) must be the person legally authorized to act on the behalf of the victim.
Documentation of this authority **MUST** be provided.

STATE OF _____)

_____ COUNTY

I, _____, a Notary Public in and for said County and State, hereby certify that, he/she, whose name is signed to the foregoing affidavit, and who is known to me, acknowledged before me on this date that, being informed of the contents of said affidavit, he or she executed the same voluntarily on the day the same bears date.

GIVEN UNDER MY HAND AND OFFICIAL SEAL OF OFFICE at _____ County, State of _____, on this the _____ day of _____, 20_____.

Notary Public

My Commission expires: _____.

PATIENT AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Name: _____

Date of Birth: _____

Social Security Number: _____

* Submission of your social security number is voluntary. However, not having your social security number may slow processing of your claim.

1. I hereby authorize the Alabama Crime Victims' Compensation Commission (ACVCC) to obtain and use my health, medical, psychiatric and billing information for the purpose of processing my compensation claim.
2. I authorize any and all service providers, including physicians, hospitals, clinics, laboratories, psychologists, psychiatrists, nurses, physician assistants and counselors, to release my health, medical, psychiatric and billing information, which includes discharge summary, laboratory reports, history and physical, operative procedure, pathology reports and billing information to the ACVCC and its agents and employees who are acting within the scope of their employment.
3. I understand that this authorization is for any and all health, medical, psychiatric and billing information related to my victimization, which occurred on: _____
4. I understand that such medical records may contain information concerning psychological, drug, and/or alcohol conditions, and/or diagnosis, treatment and care of sexually transmitted diseases or complications related to the same, including but not limited to HIV testing and results. I understand that the health, medical, psychiatric and billing information to be released may be subject to re-disclosure by the recipient of the health, medical and billing information and no longer be protected by the Federal Privacy Rules.
5. I understand that this authorization is voluntary. I also understand that I may revoke this authorization at any time by notifying the ACVCC in writing. If I do revoke authorization, it will not have any effect on uses and disclosures made before the receipt of the revocation.
6. In the event that this authorization is being signed by a personal representative of the patient, a description of such individual's authority to do so must be attached to this document along with proper documentation of this authority.
7. This authorization shall be valid for the entire duration of the processing of my compensation claim at the ACVCC and shall terminate at such time the ACVCC has closed my compensation claim.

X

Patient Signature or Personal Representative

Date

**Either the patient (victim) or their representative must sign and date this authorization
if consideration of medical expenses is being requested.**

**CERTIFICATION OF ADMINISTRATIVE RULES
FILED WITH THE LEGISLATIVE REFERENCE SERVICE
JERRY L. BASSETT, DIRECTOR**

(Pursuant to Code of Alabama 1975, §41-22-6, as amended).

I certify that the attached is/are correct copy/copies of rule/s as promulgated and adopted on the 8th day of July, 20 14, and filed with the agency secretary on the 8th day of July, 20 14.

AGENCY NAME: Alabama Crime Victims' Compensation Commission

X Amendment New Repeal (Mark appropriate space)

Rule No. 262-X-4-.03
(If amended rule, give specific paragraph, subparagraphs, etc., being amended)

Rule Title: Contribution to Offense.

ACTION TAKEN: State whether the rule was adopted with or without changes from the proposal due to written or oral comments:

The rule was adopted without changes from the proposal.

NOTICE OF INTENDED ACTION PUBLISHED IN VOLUME XXXII,
ISSUE NO. 8, AAM, DATED May 30, 20 14.

Statutory Rulemaking Authority: Ala. Code § 15-23-5(14) (1995)

(Date Filed)
(For LRS Use Only)



Certifying Officer or his or her
Deputy **Cassie T. Jones, Ed.D.**
Executive Director

(NOTE: In accordance with §41-22-6(b), as amended, a proposed rule is required to be certified within 90 days after completion of the notice.

262-X-4-.03 Contribution To Offense.

Authority:

Code of Alabama § 15-23-12(b) (1995), which provides:

Compensation otherwise payable to a claimant may be diminished or denied to the extent that the economic loss is recouped from collateral sources; or to the extent that the degree of responsibility for the cause of the injury or death is attributable to the victim as determined by the commission.

- (a) Compensation may be reduced or denied based on the victim's degree of contribution to the offense. The reduction or denial will be based on the extent of the degree of responsibility for the cause of injury or death attributable to the victim/claimant's actions and/or involvement in the events that led to the crime. Compensation may be reduced in whole or in part if contributory conduct is determined.
- (b) Eligibility for compensation can be affected by a victim/claimant's involvement in the events that led to the crime. The victim/claimant's actions do not have to be illegal to be deemed contributory conduct. Such actions must relate significantly to the occurrence that caused the victimization and be such that a reasonable or prudent person would know that the actions could lead to their victimization.
- (c) Contributory conduct is a voluntary action by the victim, which directly or indirectly, produced the victim's injury at the time of the victimization which gives rise to the compensation claim. This action may include, but is not limited to, provocation, drug use, alcohol intoxication, consent, or incitement by the victim.
- (d) Contributory conduct is a factor when the victim knowingly participated in conduct that:
 - (1) Caused, resulted in, or reasonably could have led to the specific crime which caused the victimization; or
 - (2) Was itself clearly wrongful or illegal, thereby placing him/herself in a position to be victimized; or
 - (3) Clearly put himself/herself into a situation where the crime was reasonably expected and/or a prudent person would have avoided.
- (e) Contributory conduct to the offense may be determined by the victim's actions or nature of the victim's involvement in the events leading up to victimization. The following factors may be considered in the determination of contributory conduct:
 - (1) Alcohol intoxication that resulted in the use of poor judgment by the victim;
 - (2) Drug use that resulted in the use of poor judgment by the victim;
 - (3) If the offender verbally insulted the victim and the victim failed to retreat, a contribution factor may be assessed;
 - (4) If it appears the victim was injured as a result of poor judgment or as a result of his/her conduct being less than that of a prudent person in the same situation, a contribution factor may be assessed;

- (5) If it appears that the victim first physically assaulted the offender, the victim's claim for compensation may be denied.

(f) The Commission may consider all information relevant to the circumstances, including, but not limited to:

- (1) Level of responsibility of the victim's conduct;
- (2) Foreseeability of the consequences of such conduct;
- (3) Ability to avoid the situation (Victim's failure to retreat or withdraw from situation where an option to do so existed.)
- (4) Whether there is a direct causal relationship between the victim's actions and his/her victimization.
- (5) Whether the criminally injurious conduct made the basis of the compensation claim occurred at a place known for illegal activity (shot house, house of gambling, house of prostitution or drug house) or arose out of acts involving violation(s) of federal, state, or municipal laws. A contribution factor shall not be accessed for persons who were in such areas for a legitimate purpose and not involved in any type of illegal activity.
- (6) Contribution to the offense will be determined by the actions of the victim at the time of or immediately preceding the crime.

Author: Dr. Cassie T. Jones

Statutory Authority: ALA. CODE § 15-23-5(14) (1995)

History: Filed July 8, 2014

**CERTIFICATION OF ADMINISTRATIVE RULES
FILED WITH THE LEGISLATIVE REFERENCE SERVICE
JERRY L. BASSETT, DIRECTOR**

(Pursuant to Code of Alabama 1975, §41-22-6, as amended).

I certify that the attached is/are correct copy/copies of rule/s as promulgated and adopted on the 8th day of July, 20 14, and filed with the agency secretary on the 8th day of July, 20 14.

AGENCY NAME: Alabama Crime Victims' Compensation Commission

Amendment New Repeal (Mark appropriate space)

Rule No. 262-X-4-.04
(If amended rule, give specific paragraph, subparagraphs, etc., being amended)

Rule Title: Compensation Awards - Amounts and Methods of Payment.

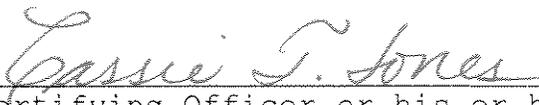
ACTION TAKEN: State whether the rule was adopted with or without changes from the proposal due to written or oral comments:

The rule was adopted without changes from the proposal.

NOTICE OF INTENDED ACTION PUBLISHED IN VOLUME XXXII,
ISSUE NO. 8, AAM, DATED May 30, 20 14.

Statutory Rulemaking Authority: Ala. Code § 15-23-5(14) (1995)

(Date Filed)
(For LRS Use Only)



Certifying Officer or his or her
Deputy **Cassie T. Jones, Ed.D.**
Executive Director

(NOTE: In accordance with §41-22-6(b), as amended, a proposed rule is required to be certified within 90 days after completion of the notice.

262-X-4-.04 Compensation Awards - Amounts and Methods of Payment.

(1) Compensation payable to a victim or claimant sustaining economic loss due to injury or death may not exceed a total of fifteen thousand dollars (\$15,000.00). For incidents of criminally injurious conduct occurring on or after October 1, 2014, compensation payable to a victim or claimant sustaining economic loss due to injury or death may not exceed a total of twenty thousand dollars (\$20,000).

(2) Compensation for lost wages may not exceed four hundred (\$400.00) dollars per week. For incidents of criminally injurious conduct occurring on or after October 1, 2014, compensation for lost wages may not exceed six hundred (\$600.00) dollars per week.

(3) The Commission may provide for the payment to a claimant in a lump sum or installments or the Commission may choose to make payments directly to the service provider. Compensation payable to service providers for medical treatment shall be compensated at a reduced rate. Outstanding charges for medical treatment, excluding psychiatric care, dental treatment and counseling, shall be compensated at a reduced rate of fifty percent (50%) for eligible charges up to a maximum amount of seven thousand five hundred dollars (\$7,500). For incidents of criminally injurious conduct occurring on or after October 1, 2014, outstanding charges for medical treatment, excluding psychiatric care, dental treatment and counseling, shall be compensated at a reduced rate of fifty percent (50%) for eligible charges up to a maximum amount of ten thousand dollars (\$10,000). In instances in which the victim/claimant has already paid out-of-pocket for medical treatment and services, the victim/claimant shall be fully reimbursed for all eligible expenses.

(4) Future Economic Loss.

(a) The maximum award for future economic loss is \$5,000 per claim. For incidents of criminally injurious conduct occurring on or after October 1, 2014, the maximum award for future economic loss is \$20,000 per claim. Future economic loss may only be awarded in instances in which the victim's loss of future earning capacity is verifiable through his/her employment history. Future economic loss may be awarded in the following circumstances:

(1) The victim was employed at the time of his/her victimization and the employment is verifiable;

(2) The victim was not employed at the time of his/her victimization but worked at least sixty-five weeks in the 104 weeks preceding victimization and the employment is verifiable. When there is proof the victim suffered an injury or illness during the 104 week period that prevented him/her from working, future economic loss may be considered when it is verifiable that the only reason the victim did not work sixty-five weeks was due to the injury/illness.

(b) All awards for future economic loss shall be diminished or denied to the extent that the future economic loss is recouped from a collateral source.

(c) At the discretion of the Commission, future economic loss may be paid in a lump sum, but only upon a finding that the lump sum award will promote the best interest of the claimant.

(d) An award payable in installments for future economic loss may be made only for a period as to which the Commission can reasonably determine future economic loss. An award payable in

installments for future economic loss may be modified by the Commission upon its finding that a material and substantial change of circumstances has occurred.

(5) No more than five thousand dollars (\$5,000.00) may be paid for expenses related to funeral, cremation, or burial. For incidents of criminally injurious conduct occurring on or after October 1, 2014, no more than seven thousand dollars (\$7,000.00) may be paid for expenses related to funeral, cremation, or burial.

(6) Approved claims will be paid in the order of their approval by the Commission as funds become available.

(7) Payments may be made in lump sums or in installments.

(8) Lost wages shall be verified by obtaining written documentation from the employer or by submission of a W2 tax document. A tax transcript from the IRS is required if the person seeking reimbursement of his/her lost wages is self-employed or the employer indicated that taxes are not deducted from the person's wages. Proof must be provided that the person seeking reimbursement of his/her lost wages paid federal and state income taxes for the period of time applicable to the requested lost wages.

(9) The claimant may, with the Commission's approval, elect to be paid for lost wages, future economic losses, replacement services loss, etc., before the service providers are paid.

(10) Annual leave, sick leave, personal leave or holidays shall not be considered a collateral source and may be reimbursed by the Commission.

(11) Lost wages may be considered for the victim, claimant and immediate family members at a prorated amount. If the victim was not employed but is now disabled as a result of the crime, the claimant may apply for his/her lost wages only if the claimant took time from work to care for the victim. If the victim died as a result of the crime, the claimant may apply for the victim's lost wages for up to 52 weeks. Anticipated work may be considered for compensation when accompanied by documentation certifying a definite start date.

(12) Lost wages are limited to \$400.00 per week for a maximum of 52 weeks. The maximum award for lost wages is \$15,000. For incidents of criminally injurious conduct occurring on or after October 1, 2014, lost wages are limited to \$600.00 per week for a maximum of 52 weeks. For incidents of criminally injurious conduct occurring on or after October 1, 2014, the maximum award for lost wages is \$20,000. Life insurance shall be considered a collateral source for all claims. In the event that life insurance does not fully compensate the victim for the eligible expenses he/she incurred as a result of the victimization, the remaining eligible expenses may be eligible for compensation.

(13) Collateral Source

a. Life insurance shall be considered a collateral source for compensation.

b. Charitable donations shall not be considered a collateral source for compensation, unless the donation is specifically designated for an expense. Examples of charitable donations designated for a

specific expense include, but are not limited to the following: funeral/burial expenses; medical/dental expenses; and counseling.

(14) The maximum award for moving expenses is \$1,000.00. Written estimates for moving expenses and receipts shall be required. The Commission may award the \$1000 maximum for moving expenses in cases in which the crime occurred in the victim's home, the victim has a reasonable fear for his/her life if he/she does not move from the home, or moving the victim's personal belongings is necessary.

(15) Travel Expenses.

(a) Airline tickets or mileage at the State of Alabama's current rate for state employees and the current State of Alabama per diem rate and lost wages may be provided for eligible travel expenses. Travel expenses for the victim and one family member, or person of the victim's choosing, may be awarded to travel out of town to attend the victim's trial, or any post judgment proceeding. When the victim is deceased, travel may be awarded to two immediate family members. Travel may be allowed for two immediate family members to travel out of town to attend the victim's trial or any post judgment proceeding. When the prosecutor's office or any other entity pays for all or part of the victim's or immediate family member's travel expenses, that amount shall be deducted from the compensation award for travel expenses. Out of town travel may be allowed for medical and psychological treatment that is needed as a result of the victimization. Out of town travel required to procure needed services may be considered for the victim, claimant and immediate family members at a prorated amount. Out of town travel expenses may be awarded for emergency circumstances, as determined by the Commission.

(b) Travel expenses and lost wages for the victim and one family member, or person of the victim's choosing, may be awarded for the victim to attend his or her offender's parole hearing. When the victim is deceased, travel expenses and lost wages may be awarded to two immediate family members or victim representatives. Eligible travel expenses shall be reimbursed at the current State of Alabama per diem rate, and airline tickets or mileage at the State of Alabama's current rate for state employees. These requests will only be considered as a supplemental to an original claim. (There must be a timely, approved compensation claim in order for parole travel expenses to be considered. The Commission will not consider parole travel expenses filed as an original claim.) Eligible parole travel expenses will be reimbursed at the current State of Alabama per diem rate, and airline tickets or mileage at the State of Alabama's current rate for state employees. 262-X-4-.04 (15)(b) shall be retroactive to the date of the Commission's inception.

(c) Travel expenses for immediate family members to travel out of town to attend the victim's funeral may be considered for reimbursement. Eligible funeral travel expenses may be reimbursed at the current State of Alabama per diem rate, and airline tickets or mileage at the State of Alabama's current rate for state employees.

(d) In order to qualify for reimbursement for out of town travel, the destination must be greater than ten miles from the home of the person requesting compensation.

(e) Rental Cars. When the person requesting compensation has rented an automobile for eligible travel expenses, the person may be reimbursed for mileage or a daily rental car fee of \$35. Under no circumstances shall the requesting person receive both.

(16) Property Reimbursement and Replacement. Eligible damaged property may be replaced or restored to its condition immediately prior to victimization. Stolen property shall not be eligible for reimbursement. Compensation may be awarded for eligible property taken as evidence by law enforcement. In order for damaged property to be eligible for reimbursement it must be listed in the law enforcement incident/offense report.

- 1) The maximum award for property reimbursement and replacement is \$2,000 per claim.
- 2) The claimant shall provide estimates or receipts for the damaged property for which reimbursement is requested.
- 3) The maximum reimbursement for damaged clothing is \$500. This shall be considered as part of the \$2,000 maximum award for damaged property. Damaged clothing may be reimbursed as follows:
 - a) Pants, jeans or skirt - \$60 maximum per item;
 - b) Shorts or capri pants - \$40 maximum per item;
 - c) Dresses - \$80 maximum per item;
 - d) Shirts and tops - \$50 maximum per item;
 - e) Footwear - \$100 maximum per pair;
 - f) Jacket, coat or blazer - \$100 maximum per item;
 - g) Underwear - \$10 maximum per item;
 - h) Socks and hosiery - \$8 maximum per pair;
 - i) Sleepwear - \$30 maximum;
 - j) Bra- \$25
 - k) Purse - \$25
 - l) Wallet - \$15
 - m) Belt - \$30
- 4) Additional property eligible for reimbursement:
 - a) Security enhancement - alarm systems, fencing, security doors and burglar bars for real property owned by the claimant/victim; repair of rental property leased by the claimant/victim when the claimant/victim is financially responsible for repair(s) to the leased property;
 - b) Prescription eyeglasses and contact lenses. The maximum award for damaged prescription eyeglasses is \$350. A receipt/estimate must be provided for the eyeglasses. The maximum award for damaged prescription contact lenses is \$10.
 - c) Medically necessitated hairpieces used by the victim because he/she suffers from a condition such as alopecia, or he/she sustained hair loss due to an injury to the scalp or he/she received or is receiving medical treatment that resulted/results in hair loss. Documentation from a licensed health care provider substantiating the victim's hair loss is required;
 - d) Furniture, appliances and bedding damaged during the victimization. Damaged furniture, appliances and bedding may be reimbursed as follows:
 - 1) Sofa/couch - \$ 650 maximum;
 - 2) Loveseat/chair and a half - \$350 maximum;
 - 3) Upholstered chair/recliner - \$300 maximum;
 - 4) Coffee table - \$150 maximum;
 - 5) End table/side table - \$100 maximum;
 - 6) Bed - \$500 maximum;
 - 7) Dresser/armoire/chest of drawers - \$300 maximum;
 - 8) Nightstand - \$100 maximum;

- 9) Mattress set - \$800 maximum;
- 10) Sheet Set - \$40 maximum;
- 11) Pillow - \$15 maximum;
- 12) Comforter/bedspread - \$65 maximum;
- 13) Blanket - \$30 maximum;
- 14) Dinette/dining set - \$300 maximum;
- 15) Lamp - \$40 maximum;
- 16) Refrigerator - \$500 maximum;
- 17) Microwave - \$100;
- 18) Eligible property in this category that is not specifically addressed shall be reimbursed at a reasonable rate as determined by the Commission.

5) The following property shall not be eligible for reimbursement:

- a) Guard dogs;
- b) Weapons of any type;
- c) Automobile repair or replacement costs;
- d) Cash and/or checks;
- e) Computers, telephones, Blackberries, I-pods and other similar devices;
- f) Jewelry;
- g) All-terrain vehicles and similar devices;
- h) Bicycles, scooters and similar devices;
- i) Toys;
- j) Hairpieces that were not obtained due to hair loss;
- k) Televisions, DVD players and discs, VCRs and tapes, stereos, CD players and discs, cameras, video-recorders, game systems and other similar devices.

(17) Exclusion from Payment. The following expenses shall not be eligible for compensation:

- a) Any expense related to the prosecution of the criminal case. (Examples: expert testimony and witnesses; DNA testing and analysis; evidence photographs and videos; blood samples and travel expenses for witnesses subpoenaed to testify.) However, compensation may be awarded for eligible property taken as evidence by law enforcement;
- b) All legal fees shall be excluded from payment except legal fees incurred to establish a legal guardian for the victim as defined by Alabama Administrative Code (ACVCC) 262-X-4-.04(22).

(18) Replacement services loss may not exceed four hundred (\$400.00) dollars per week. For incidents of criminally injurious conduct occurring on or after October 1, 2014, compensation for replacement services loss may not exceed six hundred (\$600.00) dollars per week. Replacement services loss is limited to a maximum of 52 weeks.

(19) Supplemental awards: The expenses submitted in the supplemental claim must be related to the original injury and must be supported by documentation.

(20) Checks issued by the ACVCC may contain the following language: "Cashing this check constitutes payment in full." This shall not be construed to apply to future compensation benefits for which the victim/claimant may be eligible. It shall be the responsibility of the victim/claimant to assert this defense

in any type of collection proceeding against him/her. In the event that the service provider refuses the check, the compensation shall be paid directly to the victim/claimant.

(21) When a victim/claimant is approved for charity by a service provider, the charity approval shall be considered a collateral source and compensation shall not be paid to the service provider.

(22) When the claimant must seek legal guardianship of a minor and/or disabled victim in order to qualify for crime victims' compensation benefits, the Commission may consider reimbursement of legal fees incurred for obtaining guardianship. The maximum that may be awarded for legal fees is \$1,000. Legal fees incurred for any reason other than obtaining guardianship shall not be eligible for reimbursement. The Commission shall not reimburse legal fees in the instance the claimant is not granted guardianship of the victim.

(23) Bereavement Leave. Bereavement leave may only be granted to the victim's immediate family members. A victim's immediate family member may be granted compensation for a maximum of four weeks of lost wages without a doctor's excuse. A doctor's excuse must be provided for lost wages in excess of four weeks to be considered for reimbursement. Employer verification is required for all bereavement leave requests.

(24) Crime Scene Clean-Up. The Commission may provide compensation to an individual or to the service provider if the expense is outstanding, for the reasonable costs to clean the scene of the crime in an amount not to exceed \$2,500. The service provider must be certified, licensed, and in compliance with all applicable federal and state regulations. Crime scene clean-up expenses may only be awarded for the cleaning and removal of biohazards.

(25) Birth Certificates. Reimbursement may be provided for one certified copy of the claimant's and/or victim's birth certificate(s) obtained after the date of the criminally injurious conduct made the basis of the claim. The birth certificate(s) must have been obtained for the purpose of applying for crime victims' compensation benefits.

(26) Government-Issued Photo Identification. Reimbursement may be provided for one state-issued driver's license or one state-issued non-driver's ID obtained after the date of the criminally injurious conduct made the basis of the claim.

(27) Reimbursement may be provided for certified victims of human trafficking and all qualified victims of violent crime for the removal/cover-up of tattoos that were physically forced on them by the alleged offender in the incident made the basis of the compensation claim. The Commission shall decide reasonable reimbursement on a case-by-case basis. The provider must be licensed by the appropriate governmental body to perform the service rendered in order to qualify for payment/reimbursement.

(28) Lost Wages for Victims of Sexual Assault. A victim of sexual assault may be granted compensation for a maximum of two weeks of lost wages without a doctor's excuse. A doctor's excuse must be provided for lost wages in excess of two weeks to be considered for reimbursement. Employer verification is required for all lost wages requests.

(29) Payment to Non-Claimants. A claimant may assign compensation benefits to a person for allowable expense to the extent that the compensation benefits are for the cost of products, services, or accommodations necessitated by the criminally injurious conduct made the basis of the claim. The

claimant must submit a completed Permission for Another Individual to Receive Payments on a Limited Basis form in order for payment to be issued to the person who incurred the expense.

Author: Dr. Cassie T. Jones

Statutory Authority: ALA. CODE § 15-23-5(14) (1995)

History: Filed July 8, 2014

STATE OF _____)
COUNTY OF _____)

ACVCC CLAIM NO.:

PERMISSION FOR ANOTHER INDIVIDUAL TO RECEIVE
PAYMENTS ON A LIMITED BASIS

I, _____
assign _____
(name of person to be paid compensation benefits (non-claimant))

the legal right to receive reimbursement from the Alabama Crime Victims' Compensation
Commission for _____
(state the type of expense for which the non-claimant is to receive reimbursement)

expenses (s)he incurred as a result of the criminally injurious conduct made the basis of this claim.

I understand that payment to _____
(name of person to be paid compensation benefits (non-claimant))

will be deducted from the maximum amount available for compensation benefits.

This is a limited assignment of rights solely for the purpose of compensating the above-named non-claimant for the above-listed out-of-pocket expense(s) (s)he incurred as a result of the criminally injurious conduct made the basis of this claim. I specifically do not assign, and thereby reserve all other rights associated with ACVCC claim number _____.

The assignment shall be binding upon the Claimant and non-claimant, and to their successors, assigns, and personal representatives. This assignment for this one payment is IRREVOCABLE when payment is issued.

THIS LIMITED ASSIGNMENT OF COMPENSATION BENEFITS IS VOLUNTARY, AND MADE WITHOUT DURESS OR COERCION.

STATE OF _____)
COUNTY OF _____)

Claimant's signature

I, _____, a Notary Public in and for said County and State, hereby certify that, he/she whose name is signed to the foregoing assignment, and who is known to me, acknowledged before me on this date that, being informed of the contents of said assignment, he/she executed the same voluntarily on the day the same bears date.

GIVEN UNDER MY HAND AND OFFICIAL SEAL OF OFFICE at _____ County,

State of _____, on this the _____ day of _____, 20____.

Notary Public _____.

My Commission expires: _____.

**CERTIFICATION OF ADMINISTRATIVE RULES
FILED WITH THE LEGISLATIVE REFERENCE SERVICE
JERRY L. BASSETT, DIRECTOR**

(Pursuant to Code of Alabama 1975, §41-22-6, as amended).

I certify that the attached is/are correct copy/copies of rule/s as promulgated and adopted on the 8th day of July, 20 14, and filed with the agency secretary on the 8th day of July, 20 14.

AGENCY NAME: Alabama Crime Victims' Compensation Commission

 Amendment X New Repeal (Mark appropriate space)

Rule No. 262-X-4-.10
(If amended rule, give specific paragraph, subparagraphs, etc., being amended)

Rule Title: Reconsideration of Claims Filed on Behalf of Minor Victims, Incompetent Victims, or Deceased Victims.

ACTION TAKEN: State whether the rule was adopted with or without changes from the proposal due to written or oral comments:

The rule was adopted without changes from the proposal.

NOTICE OF INTENDED ACTION PUBLISHED IN VOLUME XXXII,
ISSUE NO. 8, AAM, DATED May 30, 20 14.

Statutory Rulemaking Authority: Ala. Code § 15-23-5(14) (1995)

(Date Filed)
(For LRS Use Only)



Certifying Officer or his or her
Deputy **Cassie T. Jones, Ed.D.**
Executive Director

(NOTE: In accordance with §41-22-6(b), as amended, a proposed rule is required to be certified within 90 days after completion of the notice.

262-x-4-.10 Reconsideration of Claims Filed on Behalf of Minor Victims, Incompetent Victims, or Deceased Victims

1. AUTHORITY

Code of Alabama § 15-23-12(d) (1995), which provides:

The commission, on its own motion or on request of the claimant, may reconsider a decision granting or denying an award or determining its amount. An order on reconsideration of an award shall not require a refund of amounts previously paid, unless the award was obtained by fraud. The right of reconsideration does not affect the finality of a commission decision for the purpose of judicial review.

2. Compensation cannot be paid to a claimant who is ineligible for compensation benefits. When an ineligible claimant files for compensation benefits on behalf of a minor victim, incompetent victim, or deceased victim, the claim must be not approved.
3. The Commission may reconsider a decision denying or reducing a compensation award for a minor victim, incompetent victim, or deceased victim due to the ineligibility of the claimant, in the event of either of the following:
 - a. The minor victim reaches the age of majority, or can otherwise legally act on his/her own behalf;
 - b. A person (other than the ineligible claimant) who is legally authorized to act on behalf of a minor victim, incompetent victim, or deceased victim files for compensation benefits on behalf of the victim.

Author: Dr. Cassie T. Jones

Statutory Authority: ALA. CODE § 15-23-5(14) (1995)

History: Filed July 8, 2014

**CERTIFICATION OF ADMINISTRATIVE RULES
FILED WITH THE LEGISLATIVE REFERENCE SERVICE
JERRY L. BASSETT, DIRECTOR**

(Pursuant to Code of Alabama 1975, §41-22-6, as amended).

I certify that the attached is/are correct copy/copies of rule/s as promulgated and adopted on the 8th day of July, 20 14, and filed with the agency secretary on the 8th day of July, 20 14.

AGENCY NAME: Alabama Crime Victims' Compensation Commission

 Amendment New Repeal (Mark appropriate space)

Rule No. 262-X-9-.01
(If amended rule, give specific paragraph, subparagraphs, etc., being amended)

Rule Title: Appeals Procedure.

ACTION TAKEN: State whether the rule was adopted with or without changes from the proposal due to written or oral comments:

The rule was adopted without changes from the proposal.

NOTICE OF INTENDED ACTION PUBLISHED IN VOLUME XXXII,
ISSUE NO. 8, AAM, DATED May 30, 20 14.

Statutory Rulemaking Authority: Ala. Code § 15-23-5(14) (1995)

(Date Filed)
(For LRS Use Only)



Certifying Officer or his or her
Deputy **Cassie T. Jones, Ed.D.**
Executive Director

(NOTE: In accordance with §41-22-6(b), as amended, a proposed rule is required to be certified within 90 days after completion of the notice.

262-X-9-.01 Appeals Procedure.

REPEALED

~~(1) In the event an application is approved in a modified form, denied or rendered ineligible, the executive director of the Commission shall notify the claimant by certified mail, return receipt requested, within ten (10) calendar days of the Commission's action setting forth the basis of the Commission's decision.~~

~~(2) The claimant shall have the right to appeal and may do so by notifying the executive director in writing by certified mail, return receipt requested, of the intent to appeal within thirty (30) calendar days of the date of the notification letter setting forth the Commission's decision. Regular mail is accepted, however, certified mail is strongly recommended.~~

~~(3) The claimant shall then be entitled to a formal hearing before the Commission.~~

~~(4) In an appeal hearing, all parties shall be afforded an opportunity to appear and be heard.~~

~~(5) The Commission may, without a hearing, settle a claim by stipulation, agreed settlement, consent order or default.~~

~~(6) The Commission shall render its decision relative to the appeal within ten (10) calendar days of the formal hearing and the applicant will be notified by mail.~~

~~(7) An impartial hearing officer from the attorney general's office shall be provided by the Commission to preside over all hearings and perform such parliamentary functions as said hearing officer deems necessary. Witnesses may also be subpoenaed when a timely request to do so is submitted by the victim/claimant.~~

~~(8) A certified court reporter shall be used to transcribe each appeal hearing. A record of the proceedings shall be made and shall be transcribed upon request of any party, who shall pay transcription costs unless otherwise ordered by the Commission.~~

~~(9) The victim or claimant forfeits his/her rights to an appeal if said victim requests a hearing and fails to appear without good cause.~~

Author: Dr. Cassie T. Jones

Statutory Authority: ALA. CODE § 15-23-5(14) (1995)

History: Filed July 8, 2014